



**PLUMBING PERMIT APPLICATION**  
 Town of Strathmore  
 1 Parklane Drive, Box 2280  
 Strathmore, AB T1P 1K2  
 development@strathmore.ca

Town of Strathmore  
 Permit Label

Date of Application: \_\_\_\_\_ Estimated Start Date: \_\_\_\_\_  
 Development Permit Number: \_\_\_\_\_ Est. Completion Date: \_\_\_\_\_

Accredited Municipality: Town of Strathmore Civic Address: \_\_\_\_\_  
 Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_  
 Part of: \_\_\_\_\_ ¼ SEC \_\_\_\_\_ TWP \_\_\_\_\_ RG \_\_\_\_\_ W \_\_\_\_\_ Meridian

**Owner's Name:** \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Fax number: \_\_\_\_\_  
 City/Town: \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Email: \_\_\_\_\_ Home Owner's signature \_\_\_\_\_  
 Home Owner's signature/declaration (homeowner permits only) "I hereby declare I am the owner of the premises in which the work will be conducted and reside on the property. I am doing the work myself and assume responsibility for compliance with the applicable Acts and Regulations.

**Contractor's Name:** \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 City/Town \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Journeyman Class and Number: \_\_\_\_\_ Journeyman's Signature: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 City/Town: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Prov. \_\_\_\_\_ Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

\*The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations and shall be commenced within 90 days. The Permit will expire in 1 year unless otherwise noted.  
 \*\*The Permit Applicant acknowledges that No Refunds will be issued after Permit Issuance, the Plan Review process has been initiated, or for Permit Applications that have been pending in excess of 90 days due to lack of information or payment.

**Project Information: please check one box from each of the lines below:**  
**Type of Work:**  New Work  Renovation  Connection  Alteration  Other (Specify) \_\_\_\_\_  
**Intended Use:**  Institutional  Industrial  Commercial  Residential  Basement Development  
 Garage or Accessory Building (shed)  Other (Specify) \_\_\_\_\_  
 If Institutional, Industrial or Commercial, does a Backflow/Cross-Control Connection device exist? Yes  No   
 If no, one must be installed as per Bylaw 19-19  
 Value: (labour & materials): \_\_\_\_\_ Total Development Area: \_\_\_\_\_ ft<sup>2</sup>/m<sup>2</sup>  
**Plumbing: please indicated the number of fixtures:**  
 Kitchen Sinks: \_\_\_\_\_ Toilets (Water Closets): \_\_\_\_\_ Backwater Valve: \_\_\_\_\_ Laundry Standpipe: \_\_\_\_\_  
 Wash Basins: \_\_\_\_\_ Floor Drains: \_\_\_\_\_ Sump Pump: \_\_\_\_\_ Hose Bibs: \_\_\_\_\_  
 Bathtubs: \_\_\_\_\_ Auto Washers: \_\_\_\_\_ Bar Sinks: \_\_\_\_\_ Dishwasher: \_\_\_\_\_  
 Showers: \_\_\_\_\_ Sprinkler Heads: \_\_\_\_\_ Other: \_\_\_\_\_ Specify: \_\_\_\_\_  
**Total Number of Fixtures:** \_\_\_\_\_

Permit Fee: \_\_\_\_\_ Other Fee: \_\_\_\_\_ SCC Levy: \_\_\_\_\_ Total Fee: \_\_\_\_\_  
 Payment Method:  Cash  Cheque  Debit  Visa  Master Card  
**Credit Card Payment Information:**  
 Name of Card Holder \_\_\_\_\_ Card Number: \_\_\_\_\_  
 Expiry Date \_\_\_\_\_ CVC Number \_\_\_\_\_  
 (credit card information will not be forwarded outside of the Municipal Office)

**Permit Validation Section and Permit Issuer's Information (to be completed by Permit Issuer)**  
 Date of Issue: \_\_\_\_\_ Name: \_\_\_\_\_  
 Designation No: \_\_\_\_\_ Signature: \_\_\_\_\_

Protection of Privacy – The personal information requested on this form is collected under the authority of the Safety Codes Act, the Municipal Government Act and Section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act. It will be used for the purpose of issuing permits, Safety Codes compliance verification and monitoring and property assessment purposes. The name of the permit holder and the nature of the permit is public information and will be released to the public upon request. Direct any questions about this collection to the Town of Strathmore FOIP Coordinator at 403-934-3133, weekdays.